

CLIFTON R. GAUS, Sc.D.
Bradenton, Florida
(805) 907-1010
E-mail: clif@clifgaus.com
Website: www.ClifGaus.com

Clif has a diverse background as a public servant, entrepreneur and academic. He has served in senior health positions under Presidents Nixon, Ford, Carter, and Clinton. Clif is founder and President of Health Professor, Inc, a technology company providing web-based training to healthcare workers in regulatory compliance, quality improvement, and executive development. He also consults for a number of prominent organizations including Geisinger Health System and Vangent, Inc and with the Administrator, CMS working on the ACO regulations and starting up the Innovation Center for Medicare and Medicaid.

From 2002-10 he served on the Board of Directors of the Lucile Packard Children's Hospital, Stanford University, and was Chairman of the Board IT Committee. While serving on the LPCH Board and Chairing the Board IT and Clinical Transformation Committee, he guided the hospital to a paperless electronic health record, placing it in the top 5% of IT-centric hospitals in the US.

Previously, Clif was the Executive Vice President and Chief Administrative Officer of WellPoint Health Networks Inc, one of the nation's largest publicly traded health insurance companies. Reporting to the CEO, he managed a staff of over 3000 employees responsible for all of WellPoint's physician and hospital networks, medical policy, public affairs, human resources, market research and product branding. He also participated in the organizational restructuring of WellPoint and as part of the Office of Chairman, he participated in the development of corporate-wide planning and budgeting and the corporate strategy for mergers and acquisitions. He also led the development of the company's e-business and internet strategy.

Prior to joining WellPoint, he was Senior Vice President, Research and Development of the national Kaiser Permanente Health System in Oakland, California. He was responsible for national oversight of the clinical and health services research programs, development of long range business plans, and designing and implementing improvements to the health care delivery system, member's services and national management processes. He reported directly to the CEO of the Health Plan and the Executive Director of the twelve Permanente medical groups. During this time, Clif also co-directed the staff for the Kaiser Hospitals and Health Plan and the Medical Groups that supported the executive leadership as they negotiated and agreed to a turnaround plan to fix a \$400 million unplanned deficit in the finances and a five year plan to financial strength.

From 1992 to 1994 Clif was Senior Advisor, Office of Assistant Secretary for Health HHS. He was principle liaison for the Public Health Service and HHS with the White House (Hillary Task Force) and Congressional Committees and Members. He was responsible for the development of key parts of the Clinton Health Reform Bill including the sections of the Bill directed at Public Health and Prevention, Information Systems, Privacy and Confidentiality, Quality of Care, and Health Services Research.

From 1994 to 1997 he was the Administrator of the Agency for Health Care Policy and Research (AHCPR) reporting directly to the Secretary of HHS. Now the Agency for Healthcare Research and Quality (AHRQ) in the Department of Health and Human Services, it is the lead federal agency in studying health care organization, financing, quality, and technology. During his tenure, he successfully fought efforts of the 1994 Congress to abolish the Agency by developing a bi-partisan advocacy in the Congress and organizing a powerful lobbying consortium of Health Plans, Hospitals (AHA), Physicians (AMA), Professional Associations and academic institutions. He is credited by many as having “saved” the Agency. One of the biggest challenges was how to modify the Clinical Guideline Program which had come under fire from the Congress. The Guideline Program conducted a thorough review of the clinical evidence for important medical problems and procedures and then with the help of private sector experts, determined national clinical practice guidelines. Clif believed that gathering and disseminating the clinical evidence was the most valuable part of the process. At the time, there had been meager efforts in Europe to conduct comparative effectiveness studies and AHCPR’s own staff conducted several for HCFA’s coverage decisions. Clif led the transformation of the Guideline Program to the federal grant program for Evidence-Based Practice Centers in 1995. This program has evolved into now what is a billion dollar plus federal program of comparative effectiveness. He also established with the AMA and AAHP (AHIP) the National Clinical Practice Guideline Clearinghouse for health plans and professional societies to share their evidence-based guidelines with practitioners and consumers.

Another major AHCPR priority, was improving the voice of consumers in the marketplace. He developed and funded with the managed care industry the CAHPS survey of consumer satisfaction. This quality survey became part of the HEDIS measures and the CAHPS for hospitals (CAHPS-H) is considered one of the most valuable quality indicators of hospital care and is part of CMS’s quality management program for Medicare. Expanding IT in healthcare was another priority and he supported numerous initiatives to develop IT standards, clearinghouses, and the plans for a National Health Information Infrastructure. These became the foundation for today’s Electronic Health Record (EHR) program. During his tenure, AHCPR also developed new national surveys and public databases in insurance coverage, benefits, expenditures and access which are used by the CBO and private models that estimate the costs of health reform plans. He also played a major role in the writing of the privacy aspects of the HIPAA legislation of 1996.

From 1980 to 1982 Clif founded and directed the Center for Health Policy Studies at Georgetown University. He directed the research and analytical studies of the Center, including studies in HMO Enrollment Selectivity, Medicaid and Philanthropy in Health. Also while Center Director, he taught courses in the Georgetown Medical School and School of Nursing. During this time, his concerns for the future of Health Services Research lead to his founding of the Association for Health Services Research (AHSR but now Academy Health). He incorporated the organization and served as its first President for two years. He secured a stellar cast of professionals to serve as the Board of Directors and hired, mentored and guided Alice Hersh as the organization’s first Executive Director. He and AHSR later played a significant role in the legislative creation of the Agency for Health Care Policy and Research (AHCPR) including the broadening of the Agency’s mission to include outcomes research.

In the 1970's, he worked for the Social Security Administration and became the first Associate Administrator for Policy, Planning and Research for the Health Care Financing Administration (HCFA) when it was created in 1977. HCFA was created by the Carter Administration in 1977 based on a proposal that Clif co-authored to the Carter Transition Team advocating the new Secretary of HEW (Joe Califano) create the combined Medicare and Medicaid Agency in the first 100 days of the administration. His responsibilities included development of policies and legislative plans for the Medicare, Medicaid, PSRO and other quality programs of HCFA. Examples of legislative and policy areas included – the first Fraud and Abuse Act, Chronic Renal Disease Amendments, Rural Health Clinics and HMO Reimbursement, Primary Care Residency and Section 227 Teaching Hospital Regulations, Hospital Cost Containment, and Medicaid Reform. He was also directly responsible for the research and statistical programs of HCFA, and for the Office of the Actuary.

He is probably best known for his leadership in a broad range of innovations in health care financing and delivery, including the DRG hospital payment system, RBRVS physician payment system, Medicare Hospice Programs and Medicare payment of Physician Assistants. From 1974 to 1979 Clif managed all of the Section 222 Medicare Experiments and Demonstrations and waivers of Medicare program rules. When HCFA was formed, this added the Medicaid demonstration authorities and Section 1115 waivers. The innovative projects that were initiated during this time included statewide prospective hospital payment systems including the Maryland Hospital Cost Commission and the New Jersey DRG based system payment system. He was the architect for making the Medicare payment data available publically (MEDPAR) and created the rules and processes for accessing the data by researchers from outside government. This fundamental shift in government policy to share the Medicare data, later enabled a huge cadre of population-based health services and clinical research including the Dartmouth Atlas. During the late 1970's his HCFA organization developed a strong in-house analytic capacity to create the DRG payment system for Medicare. By 1980, the HCFA researchers were producing analysis by hospital, community and State of the impact of a DRG payment model but it took two more years for Congress to enact the authority. Other innovations that were started during his HCFA leadership were the Medicare and Medicaid managed care demonstrations leading up to the Medicare Advantage Program; the development in 1975 of the Medicare Economic Index (MEI) to limit annual increases in physician fees; the analysis and design of the RBRVS physician payment system; demonstration programs and waivers at 26 Hospices across the country to assess the cost effectiveness of hospice care, leading up to legislation in 1982; experimental Medicare reimbursement for Physician Assistants and Nurse Practitioners; and coverage of Clinical Psychology benefits in the Medicare Program.

Clif has held faculty positions at The Johns Hopkins University School of Public Health and Georgetown University Medical School. He holds a master's degree in health administration (MHA) from the University of Michigan and a Doctorate of Science (Sc.D.) in health care management from The Johns Hopkins University.